



**Report Identification Number: SY-14-038**

**Prepared by: Syracuse Regional Office**

**Issue Date: 9/8/2015**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 6 day(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 10/24/2014  
**Initial Date OCFS Notified:** 11/10/2014

## Presenting Information

The initial SCR report dated 10/19/2014 stated that the mother tested positive for opioid in her system. Mother has a history of drug abuse. Mother delivered a premature baby boy yesterday. Mother has had a different child removed from her custody in the past. The subject child remained in the hospital from birth until he subsequently passed away on 10/24/2014. No additional SCR reports were generated at the time of the death. (While the presenting information did not include this information, it is important to clarify that the positive toxicology of the mother occurred several time throughout her pregnancy).

## Executive Summary

The death of this child was reported as it occurred during an open CPS investigation. An SCR report was not generated, therefore there were no additional allegations. On 10/18/2014, the child was delivered prematurely via cesarean section and was expected to remain in the hospital for a significant period of time due to the prematurity. On 10/24/2014, the child's condition worsened and it was arranged for the child to be transferred to another hospital. The child was not stable enough to be transferred and subsequently passed away at 8:12am.

An autopsy was performed at the hospital and the diagnosis was (1) Preterm male infant, 815g, 26-27 weeks gestational age by body measurements; (2) Congenital hepatic acute inflammation with hemorrhage/hematoma. (A) Negative gram stain (antemortem blood culture at birth was positive for haemophilus influenza). (B) Liver cell necrosis with foci of microcalcifications. (C) Hematoma was 4 x 2.5 x 2 cm and involved estimated 20% of the liver volume. (D) Ascites, blood tinged. (E) Negative for peritonitis or intestinal serositis. As explained by the Hospital Social Worker, the subject child was born with the flu which in turn caused a tumor on his liver that burst and he bled to death.

The initial CPS case was generated due to allegations that the mother tested positive for opioids, had a history of substance abuse and had a different child removed from her custody in the past. These allegations were adequately investigated and unsubstantiated. The mother did not test positive for drugs at the time of the birth, but did test positive several times throughout her pregnancy. The family was provided with bereavement counseling information. The case was closed, citing no services needed. There were no other children residing in the household.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination?

N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all

Yes, sufficient information was



allegations as well as any others identified in the course of the investigation?

gathered to determine all allegations.

- Was the determination made by the district to unfound or indicate appropriate?

Yes

**Explain:**

No additional Comments

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?

Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

**Explain:**

No additional comments

**Required Actions Related to the Fatality**

Are there Required Actions related to the compliance issue(s)?  Yes  No

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 10/24/2014

Time of Death: 08:12 AM

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	6 Day(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)

### LDSS Response

On 10/19/2014, an SCR report was received by the Onondaga County Department of Social Services (OCDSS) regarding the 1-day-old subject child. It stated that mother tested positive for opioid in her system and had a history of drug abuse. It further stated that mother delivered a premature baby boy the previous day and had a different child removed from her custody in the past. There was a hold on the child's release due to extreme prematurity.

Within 24 hours of receipt of the report, the assigned Caseworker (CW), visited the hospital, observed the subject child and met with the mother. The subject child weighed 875 grams and was in an incubator. No withdrawal symptoms or negative impact from drugs had been observed by the hospital staff. CW discussed the allegations with the mother and the Social Worker reported that the mother had tested negative for drugs when she was admitted to the hospital. The CW and mother discussed a future visit to observe both the home and supplies for the subject child. The mother agreed to follow up with WIC and Early Intervention as well as submit to a drug test prior to the subject child being released from the hospital. CW also discussed safe sleep practices with the mother and provided her with a safe sleep pamphlet.

The CW reviewed CPS history for the mother and did learn that a neglect petition for the subject child's older sibling was withdrawn in 2014 as the subject child's aunt was awarded V-docket custody of the sibling. The mother was given liberal visitation at the discretion of the aunt. Criminal background checks were also conducted for both mother and father of the subject child.

On 10/24/2014, the CW received information that the subject child was not doing well. The hospital was planning to transfer the subject child to another hospital and they were having difficulty reaching the mother. The police were dispatched to her address and the CW attempted a negative home visit as well. The CW then received word that the father was reached and brought the mother to the hospital. The subject child passed away at 8:12am and was never stable enough to be transported to the other hospital. The hospital reported giving the parents resources for bereavement counseling and to help fund the funeral. When CW spoke with the mother he offered bereavement counseling information and burial assistance resources as well. Mother did call back and these resources were mailed to her.

An autopsy was performed at the hospital and the diagnosis was (1) Preterm male infant, 815g, 26-27 weeks gestational age by body measurements; (2) Congenital hepatic acute inflammation with hemorrhage/hematoma. (A) Negative gram stain (antemortem blood culture at birth was positive for haemophilus influenza). (B) Liver cell necrosis with foci of microcalcifications. (C) Hematoma was 4 x 2.5 x 2 cm and involved estimated 20% of the liver volume. (D) Ascites, blood tinged. (E) Negative for peritonitis or intestinal serositis. As explained by the Hospital Social Worker, the subject child was born with the flu which in turn caused a tumor on his liver that burst and he bled to death.

### Official Manner and Cause of Death



# NYS Office of Children and Family Services - Child Fatality Report

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Unknown

## Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

## Services Provided to the Family in Response to the Fatality



# NYS Office of Children and Family Services - Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:  
 Mother was provided with pamphlets with information to assist her with burial costs and services for grieving families.

## History Prior to the Fatality

## Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes



Was the child acutely ill during the two weeks before death?

No

### Infants Under One Year Old

#### During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

#### Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/20/2012	3696 - Sibling - Mother's friend, Male, 4 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	3696 - Sibling - Mother's friend, Male, 4 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	3697 - Other Child - Mother's friend's child, Male, 3 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Inadequate Guardianship	Unfounded	
	3697 - Other Child - Mother's friend's child, Male, 3 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	3698 - Other Child - Mother's friend's child, Female, 2 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Inadequate Guardianship	Unfounded	
	3698 - Other Child - Mother's friend's child, Female, 2 Years	3692 - Other Adult - Mother's friend, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	3699 - Other Child - Mother's friend's child, Male, 3 Months	3692 - Other Adult - Mother's friend, Female, 24 Years	Inadequate Guardianship	Unfounded	
	3699 - Other Child - Mother's friend's child, Male, 3 Months	3692 - Other Adult - Mother's friend, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

	Years		
3696 - Sibling - Mother's friend, Male, 4 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Inadequate Guardianship	Unfounded
3696 - Sibling - Mother's friend, Male, 4 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Inadequate Guardianship	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Inadequate Guardianship	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3693 - Other Adult - Mother's friend, Male, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
3699 - Other Child - Mother's friend's child, Male, 3 Months	3693 - Other Adult - Mother's friend, Male, 27 Years	Inadequate Guardianship	Unfounded
3699 - Other Child - Mother's friend's child, Male, 3 Months	3693 - Other Adult - Mother's friend, Male, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
3696 - Sibling - Mother's friend, Male, 4 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Inadequate Guardianship	Unfounded
3696 - Sibling - Mother's friend, Male, 4 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Inadequate Guardianship	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Inadequate Guardianship	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
3699 - Other Child - Mother's friend's child, Male, 3 Months	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Inadequate Guardianship	Unfounded



# NYS Office of Children and Family Services - Child Fatality Report

	Years		
3699 - Other Child - Mother's friend's child, Male, 3 Months	3694 - Mother's Partner - Mother's friend, Male, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
3696 - Sibling - Mother's friend, Male, 4 Years	3695 - Mother - Mother's friend, Female, 26 Years	Inadequate Guardianship	Unfounded
3696 - Sibling - Mother's friend, Male, 4 Years	3695 - Mother - Mother's friend, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3695 - Mother - Mother's friend, Female, 26 Years	Inadequate Guardianship	Unfounded
3697 - Other Child - Mother's friend's child, Male, 3 Years	3695 - Mother - Mother's friend, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3695 - Mother - Mother's friend, Female, 26 Years	Inadequate Guardianship	Unfounded
3698 - Other Child - Mother's friend's child, Female, 2 Years	3695 - Mother - Mother's friend, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded
3699 - Other Child - Mother's friend's child, Male, 3 Months	3695 - Mother - Mother's friend, Female, 26 Years	Inadequate Guardianship	Unfounded
3699 - Other Child - Mother's friend's child, Male, 3 Months	3695 - Mother - Mother's friend, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded

**Report Summary:**

Unrelated child (4), subject child's sibling (4), unrelated child (2) and the unknown child are not being fed regularly and are missing meals. The adults in the home are using the food money to purchase drugs such as marijuana, pills and/or cocaine. The adults use the drugs in the presence of the children and become high while being sole caretakers. They are also selling drugs out of the home and making drug deals out of their car while the children are present. Unrelated children's mother works a late shift at work and expects the children to sleep, because she wants to sleep all day. She threatens to cut the children's arms and cut their tongues out of their mouths if they do not sleep.

**Determination:** Unfounded

**Date of Determination:** 10/10/2012

**Basis for Determination:**

All adults denied using and/or selling drugs. Only one adult and two children live in the home, all others named in the report were confirmed to live elsewhere. There was no evidence of drugs or drug paraphernalia observed during home visits. All appropriate collateral contacts were made to confirm the children's well-being.

**OCFS Review Results:**

OCFS is in agreement with the determination.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/03/2013	3704 - Sibling, Male, 5 Years	3700 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	3704 - Sibling, Male, 5 Years	3700 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Indicated	



# NYS Office of Children and Family Services - Child Fatality Report

3704 - Sibling, Male, 5 Years	3700 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated
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**Report Summary:**

Over this past weekend the mother, parent substitute and subject child's sibling (5) were evicted from their residence. On 10/02/2013, the mother failed to pick up the child at school dismissal time (3pm). She arrived at 3:50pm. Today (10/03/2013) the mother failed to make a plan to have the child picked up on time from school. The child was not picked up until 4:15pm. The mother has failed to follow through looking for housing for her and the child. The role of the parent substitute is unknown. The subject child was not yet born at the time of the report.

**Determination:** Indicated **Date of Determination:** 12/03/2013

**Basis for Determination:**

Mother left subject child's sibling in the care of a relative without establishing a plan for the provision of adequate food, clothing or medical care. Disclosures from the child and relatives confirmed that mother was abusing alcohol and drugs to the point of intoxication in the presence of the child. Mother admitted to being homeless and allowing child's Medicaid to lapse.

**OCFS Review Results:**

OCFS is in agreement with the determination.

**Are there Required Actions related to the compliance issue(s)?** Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/13/2014	3707 - Sibling, Male, 5 Years	3705 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	No
	3707 - Sibling, Male, 5 Years	3705 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	
	3707 - Sibling, Male, 5 Years	3706 - Mother's Partner, Male, 32 Years	Inadequate Guardianship	Indicated	
	3707 - Sibling, Male, 5 Years	3706 - Mother's Partner, Male, 32 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

Both the mother and the parent substitute misuse prescription medication while caring for the subject child's sibling. They become too high to provide adequate care or supervision for the child.

**Determination:** Indicated **Date of Determination:** 02/28/2014

**Basis for Determination:**

Child was able to describe mother's substance use/abuse in detail. Mother has a history of homelessness and child has lived with relatives on occasion. Mother was able to show that child was enrolled in school and that she had housing. Due to instability, a Direct Services case was opened to monitor the family.

**OCFS Review Results:**

OCFS is in agreement with the determination.

**Are there Required Actions related to the compliance issue(s)?** Yes No

**CPS - Investigative History More Than Three Years Prior to the Fatality**

There is no CPS history more than three years prior to the fatality.



# NYS Office of Children and Family Services - Child Fatality Report

## Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

### Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes  No

### Preventive Services History

On 02/27/2014 a case was opened to provide Direct Services for the mother and subject child's sibling, age 6. The case was initiated due to educational neglect, mother's substance abuse and housing issues. On 06/02/2014, the Services case was closed as the mother's sister (the subject child's aunt) was awarded V-docket custody of the subject child's sibling in Family Court. The subject child had not yet been born.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity



**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?** Yes No

**Are there any recommended prevention activities resulting from the review?** Yes No